



## CORTICOSTEROIDS ORAL PA SUMMARY

Preferred	Non-Preferred
Cortisone generic Dexamethasone generic Dexpak (dexamethasone) Hydrocortisone generic Medrol 2 mg (methylprednisolone) Methylprednisolone generic Prednisolone generic Prednisone generic Veripred 20 (prednisolone)	Flo-Pred (prednisolone) Millipred (prednisolone) Orapred ODT (prednisolone ) Rayos (prednisone delayed-release)

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*Flo-Pred, Millipred and Orapred ODT*

- ❖ A written letter of medical necessity must be submitted stating the reason(s) that generic prednisolone oral products are not appropriate for the member.

*Rayos*

- ❖ A written letter of medical necessity must be submitted stating the reason(s) that generic prednisone oral products are not appropriate for the member.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.